

SUPERVISION LOG FOR ASSISTANT'S PERFORMANCE IN SPEECH-LANGUAGE PATHOLOGY AND AUDIOLOGY FORM

ACTIVITY CODES

Name of assistant: _____ License #: _____

Name of supervising speech-language pathologist: _____

License # of supervisor: _____

1. speech, language, hearing screening
2. implement treatment program or IEP
3. provide carry-over activities
4. collect data
5. administer routine tests
6. maintain clinical records
7. prepare clinical materials
8. participate research, staff development

(Note: Be sure to provide comments on the assistant's performance.)

DATE OF SESSION	LENGTH OF SESSION IN MINUTES	ACTIVITY CODE SEE ABOVE (As defined in Board Rules §741.65(h)(4))	SUPERVISION D/I*	COMMENTS ON ASSISTANT'S PERFORMANCE	SIGNATURES

*Indicate Direct or Indirect supervision

With few exceptions, you have a right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 522.021, 522.023, 559.003 and 559.004)

